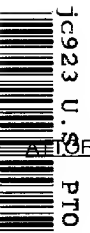


11/28/01



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ATTORNEY DOCKET NO.: P- 9616

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL**

PATENT  
Total Pages \_\_\_\_\_

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: GUUSTAAF A.P. STOOP ET AL.  
TITLE: DISTINGUISHING VALID AND INVALID CARDIAC SENSES

Assistant Commissioner for Patents  
**BOX PATENT APPLICATION**  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231



Sir:

We are transmitting herewith the attached:

**X Patent Application Transmittal**

**X Specification:**

Total pages: 37 (including claims and abstract): Spec. 26 sheets; Claims 10 sheets; Abstract - 1 sheet.

**X Drawings:**

Total sheets: 13

☐ formal ☒ informal

**Combined Declaration and Power of Attorney:**

- ☐ newly executed
- ☐ copy from prior application
- ☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

**Accompanying application parts:**

- ☐ Notification of filing a
- ☐ Assignment of the Invention to Medtronic, Inc.
- ☐ Assignment cover sheet of prior application
- ☐ Information Disclosure Statement
- ☐ PTO Form 1449
- ☐ Copies of IDS citations
- ☐ Preliminary Amendment
- ☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
- X** Return Postcard

**IF A CONTINUING APPLICATION:**

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)  
of prior application No. \_\_\_\_\_.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a **X** continuation  
☐ division ☐ continuation in part of application number \_\_\_\_\_, filed \_\_\_\_\_.
- ☐ Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee.  
(At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: Medtronic, Inc.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

X Address all future correspondence to: Thomas F. Woods, Reg. No 36,726  
**Medtronic, Inc.**, MS LC 340  
710 Medtronic Parkway  
Minneapolis, Minnesota 55432-5604  
Telephone: (763) 514-3652

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	68	20	= 48	x 18	\$ 864
Independent Claims	12	03	= 08	x 84	\$ 672
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$ 740
TOTAL					\$ 2276

X Charge Deposit Account No. 13-2546 the sum of \$ 2276.00 (Filing Fee) for a total of \$ 2276.00.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

11-23-01  
Date

  
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